

6555

## CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH o. COUNTY <b>Somerset</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>		c. LENGTH OF STAY IN 1b <b>1 day</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>McCready Hospital</b>		d. STREET ADDRESS <b>Marumco</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIS</b> Middle <b>ADAMS</b> Last <b>ADAMS</b>		4. DATE OF DEATH Month <b>June</b> Day <b>30</b> Year <b>19 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>June 22, 1901</b>
9. AGE (In years last birthday) <b>55 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	11. BIRTHPLACE (State or foreign country) <b>Marumco, Maryland</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Repair</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13. FATHER'S NAME <b>William T. Adams</b>		14. MOTHER'S MAIDEN NAME <b>Maggie Matthews</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>WW I</b>		16. SOCIAL SECURITY NO. <b>138-18-2927</b>	17. INFORMANT <b>Mrs. Norris Tawes--Crisfield, Md.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Dil. of Heart -</b> <b>593x</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <b>Nephritis &amp; Pneumonia</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> <b>From history 10 days</b>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. <b>19</b>	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <b>June 29, 1956</b> to <b>June 30, 1956</b> that I last saw the deceased alive on <b>June 30, 1956</b> , and that death occurred at <b>9 A.M.</b> from the causes and on the date stated above.			
ACTUAL SIGNATURE <b>George C. Coulbourn</b>		M.D. <b>Marion Station Md</b>	
PHYSICIAN'S NAME (Type) <b>Dr. George C. Coulbourn</b>		DATE SIGNED <b>7-2-56</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE THEREOF <b>July 2, 1956</b>	22c. NAME OF CEMETERY OR CREMATORY <b>Rehobeth Baptist Cemetery</b>	22d. LOCATION (City, town, or county) (State) <b>Rehobeth, Maryland</b>
23. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons--Crisfield, Maryland</b>		24a. REC'D BY REGISTRAR DATE <b>7-2-56</b>	24b. REGISTRAR'S SIGNATURE <b>Nellie D. Payne</b>

TO HOSPITAL BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Form with multiple sections for recording death information, including fields for name, date, time, place, cause, and signature. The form is partially filled out with handwritten text.

BUREAU V. S.

JUL 10 1956

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 6556 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06540  
Reg. Dist. No. 261

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Somerset</u> <span style="float: right;">MARYLAND</span> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>                    </u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; Residence before admission) a. STATE <u>MD.</u> b. COUNTY <u>Somerset</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u> d. STREET ADDRESS <u>                    </u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>													
<b>3. NAME OF DECEASED</b> (Type or print) <u>William</u> <span style="float: right;">First</span> <u>Banks</u> <span style="float: right;">Last</span>				<b>4. DATE OF DEATH</b> Month <u>June</u> Day <u>2</u> Year <u>1956</u>													
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Col.</u>		<b>7. MARRIED</b> <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>MAR 15/1894</u>		<b>9. AGE</b> (In years last birthday) <u>62</u> yrs.		<b>IF UNDER 1 YEAR</b> Months <u>          </u> Days <u>          </u>		<b>IF UNDER 24 HRS.</b> Hours <u>          </u> Min. <u>          </u>					
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>                    </u>				<b>11. BIRTHPLACE</b> (State or foreign country) <u>Unknown</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>					
<b>13. FATHER'S NAME</b> <u>Unknown.</u>						<b>14. MOTHER'S MAIDEN NAME</b> <u>Unknown.</u>											
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>				<b>17. INFORMANT</b> <u>CHARLEY WARD</u> <span style="float: right;">Address</span>									
<b>18. CAUSE OF DEATH</b> [Enter only one cause, per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Reported by previous physician was</u> <u>442x</u> DUE TO <u>attended for Myocarditis Myophritis</u> Conditions, if any, which gave rise to immediate cause (b) <u>arterio sclerosis no attendance</u> (c) <u>during past 2 months</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <u>                    </u>												<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>                    </u>					
<b>20a. EXTERNAL CAUSE WAS PRIMARY</b> <input type="checkbox"/> <b>OR CONTRIBUTING CAUSE OF DEATH.</b> <input checked="" type="checkbox"/>				<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or item 18.) <u>                    </u>													
<b>20c. TIME OF INJURY</b> Month <u>          </u> Day <u>          </u> Year <u>19</u> Hour <u>          </u> o. m. <u>          </u> p. m.				<b>20d. INJURY OCCURRED</b> While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>				<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.) <u>                    </u> (City, town, or county) <u>                    </u> (State) <u>                    </u>									
<b>21. I certify that I took charge of the remains described above, held an Autopsy</b> <input type="checkbox"/> <b>Inspection</b> <input checked="" type="checkbox"/> <b>Inquiry</b> <input type="checkbox"/> <b>and find that death resulted from:</b> Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>																	
<b>ACTUAL SIGNATURE</b> <u>Wm. H. Coulbourn, M.D.</u>						<b>CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/>											
<b>EXAMINER'S NAME (Type)</b> <u>WM. H. COULBOURN, M.D.</u>						<b>ASSISTANT MEDICAL EXAMINER</b> <input type="checkbox"/>											
<b>DEPUTY MEDICAL EXAMINER</b> <input checked="" type="checkbox"/>						<b>DATE SIGNED</b> <u>June 4-56</u>											
<b>22a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>				<b>22b. DATE THEREOF</b> <u>6/4/56</u>				<b>22c. NAME OF CEMETERY OR CREMATORY</b> <u>Ward's Memorial</u>				<b>22d. LOCATION (City, town, or county)</b> <u>Marion Station, Som. Co. Md.</u> (State)					
<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Charles A. Ward - Marion Stz, Md.</u>						<b>24a. REC'D BY REGISTRAR</b> <u>                    </u> <b>DATE</b> <u>6-5-56</u>						<b>24b. REGISTRAR'S SIGNATURE</b> <u>Nellie A. Payne</u>					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

RECEIVED

JUN 7 1956

BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6553

## CERTIFICATE OF DEATH

Reg. Dist. No. 06541  
365

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> <b>MARYLAND</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Byrdtown Section</b>		d. STREET ADDRESS <b>Byrdtown Section</b>	
3. NAME OF DECEASED (Type or print) First <b>VIOLA</b> Middle <b>EVA</b> Last <b>BYRD</b>		4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>19 56</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 9, 1901</b>
9. AGE (In years last birthday) <b>55</b> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Crisfield, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>Robert Ford</b>		14. MOTHER'S MAIDEN NAME <b>Eva Parks</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-03-7379</b>	
17. INFORMANT <b>J. Bennett Byrd--R.F.D.</b>		Address <b>Crisfield, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> <b>420.1</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Coronary Insufficiency</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>one hour</b> <b>3 yrs. 10 mo.</b>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. <b>19</b>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>11/28, 1952</b> , to <b>6/8, 1956</b> , that I last saw the deceased alive on <b>6/8, 1956</b> , and that death occurred at <b>1:30 A.M.</b> from the causes and on the date stated above.			
ACTUAL SIGNATURE <b>A. N. Barr</b>		ADDRESS (Street, city or town, state) <b>Crisfield, Md.</b>	
PHYSICIAN'S NAME (Type) <b>A. N. Barr</b>		DATE SIGNED <b>6/14/56</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>June 10, 1956</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Crisfield, Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons--Crisfield, Md.</b>		24a. REC'D BY REGISTRAR DATE <b>June 14, 1956</b>	
24b. REGISTRAR'S SIGNATURE <b>Barbara S. Adams</b>			





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6557

## CERTIFICATE OF DEATH

Reg. Dist. No.

06542

760

<b>1. PLACE OF DEATH</b> a. COUNTY <span style="font-size: 1.2em;">Somerset</span> <span style="float: right;">MARYLAND</span>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <span style="font-size: 1.2em;">Maryland</span> b. COUNTY <span style="font-size: 1.2em;">Somerset</span>											
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <span style="font-size: 1.2em;">Princess Anne</span>			c. LENGTH OF STAY IN 1b <span style="font-size: 1.2em;">Life</span>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <span style="font-size: 1.2em;">Princess Anne, Md.</span>										
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
<b>3. NAME OF DECEASED</b> (Type or print) <span style="font-size: 1.2em;">Etta</span> <span style="float: right;">First</span> <span style="font-size: 1.2em;">F. Dashiell</span> <span style="float: right;">Middle</span> <span style="float: right;">Last</span>				<b>4. DATE OF DEATH</b> <span style="font-size: 1.2em;">June 12 19 56</span>											
5. SEX <span style="font-size: 1.2em;">female</span>		6. COLOR OR RACE <span style="font-size: 1.2em;">white</span>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <span style="font-size: 1.2em;">Jan. 28, 1863</span>		9. AGE (In years last birthday) <span style="font-size: 1.2em;">93</span> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <span style="font-size: 1.2em;">Housewife</span>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <span style="font-size: 1.2em;">Maryland</span>				12. CITIZEN OF WHAT COUNTRY? <span style="font-size: 1.2em;">U.S.</span>			
13. FATHER'S NAME <span style="font-size: 1.2em;">Wesley Thomas</span>						14. MOTHER'S MAIDEN NAME <span style="font-size: 1.2em;">Sasan Taylor</span>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <span style="font-size: 1.2em;">Etta Harrington, Princess Anne, Md.</span>									
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <span style="font-size: 1.2em;">Cerebral Thrombosis</span> <span style="font-size: 1.2em;">422.2</span> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) <span style="font-size: 1.2em;">Chronic Myocarditis</span> DUE TO (c) <span style="font-size: 1.2em;">Senility</span>												INTERVAL BETWEEN ONSET AND DEATH <span style="font-size: 1.2em;">2 days</span> <span style="font-size: 1.2em;">3 yrs.</span> <span style="font-size: 1.2em;">10 yrs.</span>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <span style="font-size: 1.2em;">none</span>														19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <span style="font-size: 1.2em;">none</span>									
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <span style="font-size: 1.2em;">19</span>						20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)					
21. I certify that I attended the deceased from <span style="font-size: 1.2em;">Apr 5, 1954</span> , to <span style="font-size: 1.2em;">June 12, 1956</span> , that I last saw the deceased alive on <span style="font-size: 1.2em;">June 12, 1956</span> , and that death occurred at <span style="font-size: 1.2em;">9:20 P.M.</span> , from the causes and on the date stated above.															
ACTUAL SIGNATURE <span style="font-size: 1.2em;">B. Frank Giganti</span> M.D.						ADDRESS (Street, city or town, state) <span style="font-size: 1.2em;">20 Prince William St Princess Anne, Md.</span>									
PHYSICIAN'S NAME (Type) <span style="font-size: 1.2em;">B. FRANK GIGANTI</span>						DATE SIGNED <span style="font-size: 1.2em;">md.</span>									
22a. BURIAL, CREMATION, REMOVAL (Specify) <span style="font-size: 1.2em;">burial</span>				22b. DATE THEREOF <span style="font-size: 1.2em;">6/14/56</span>		22c. NAME OF CEMETERY OR CREMATORY <span style="font-size: 1.2em;">Ashbury Cemetery</span>				22d. LOCATION (City, town, or county) (State) <span style="font-size: 1.2em;">Mt. Vernon, Md.</span>					
23. FUNERAL DIRECTOR'S SIGNATURE <span style="font-size: 1.2em;">James L. Luman</span>						ADDRESS <span style="font-size: 1.2em;">Princess Anne, Md.</span>				24a. REG'D BY REGISTRAR DATE <span style="font-size: 1.2em;">6/16/56</span>		24b. REGISTRAR'S SIGNATURE <span style="font-size: 1.2em;">R. H. Johnson M.D.</span>			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6558 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06543

Reg. Dist. No. 260

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Somerset</u> <span style="float: right;">MARYLAND</span>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Maryland</u> <span style="float: right;">b. COUNTY <u>Somerset</u></span>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u>			c. LENGTH OF STAY IN 1b <u>51 years</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>John</u> Middle <u>Edward</u> Last <u>Holland</u>				<b>4. DATE OF DEATH</b> Month <u>June</u> Day <u>7</u> Year <u>1956</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 14, 1872</u>	
9. AGE (In years last birthday) <u>83</u> yrs.		IF UNDER 1 YEAR Months <u>      </u> Days <u>      </u>		IF UNDER 24 HRS. Hours <u>      </u> Min. <u>      </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired cannor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>canning Business Maryland</u>			11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Holland</u>				14. MOTHER'S MAIDEN NAME <u>Eleanor Ann Holland</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>John E. Holland Jr. Cheshire, Conn.</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Heart Disease</u> DUE TO <u>420.1</u> Conditions, if any, which gave rise to immediate cause (b) <u>Had an attack and was chd</u> (c) <u>about 10 hours when found -</u> (a), stating the underlying cause lost.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour <u>      </u> o. m. <u>      </u> p. m. <u>      </u> 19 <u>      </u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>R. H. Johnson</u> M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) <u>R. H. Johnson</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				DATE SIGNED <u>June 9-56</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>6-10, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Manokin Presbyterian</u>		22d. LOCATION (City, town, or county) (State) <u>Princess Anne, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Levin B. Wilson Princess Anne, Md.</u>				24a. REC'D BY REGISTRAR <u>6/9/56</u>		24b. REGISTRAR'S SIGNATURE <u>R. H. Johnson, M.D.</u>	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

7. 10. 1991

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6559

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH- COUNTY <u>Somerset</u> CITY OR TOWN <u>Marion Station</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Virginia</u> COUNTY <u>Accomack</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Parkley</u> STREET ADDRESS (If rural, give location) <u>(Whitesville)</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Madeline</u> <u>Justis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>13</u> <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. <del>SINGLE</del> , MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH <u>July 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>54</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. FATHER'S NAME <u>George Edward Drummond</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. MOTHER'S MAIDEN NAME <u>Emmeline Abbott</u>		14. INFORMANT AND ADDRESS <u>Sarah Byrd Marion Station, Md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) <u>Thromia Acute Dil of Heart</u>	<u>10 days</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Chronic Myocarditis &amp; Nephritis</u>	<u>from onset</u>
(c)		<u>2003 months</u>

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1956, to June 13, 1956, that I last saw the deceased alive on June 13, 1956, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE <u>George C. Boulbain M.D.</u>	(Degree or title)	ADDRESS <u>Marion Sta. Md.</u>	DATE SIGNED <u>6-14-56</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 17 1956</u>	NAME OF CEMETERY OR CREMATORY <u>Halls Cemetery</u>	LOCATION (City, town, or county) (State) <u>Whitesville Va</u>
DATE REC'D BY LOCAL REG. <u>6-14-56</u>	REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>	24. FUNERAL DIRECTOR <u>J. Edgar Thomas</u>	ADDRESS <u>Accomack, Va</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 51

JUN 20 1956

RECEIVED

1

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06545

6560

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <b>Somerset</b>	MARYLAND	STATE <b>Md.</b>	COUNTY <b>3Y01-4</b>
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X</b> TOWN <b>Oriole</b>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>325 East 28th Street</b>	STREET ADDRESS (If rural give location) <b>Baltimore, Md.</b>
3. NAME OF DECEASED (Type or Print) (First) <b>Mary</b> (Middle) <b>Elizabeth</b> (Last) <b>McDaniel</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 10 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 16, 1880</b>
9. AGE last birthday <b>76</b> yrs.		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Somerset County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Joseph Wheatley</b>		14. MOTHER'S MAIDEN NAME <b>Rose Priscilla Ross</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS <b>Willie J. Bennett Oriole, Md.</b>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 IMMEDIATE CAUSE (A) <b>Pulmonary edema</b>			<b>10 hours</b>
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <b>Arteriosclerotic Heart Disease</b>			<b>years</b>
(C) <b>Acute infection, cause undetermined</b>			<b>3 days</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>M, at work</b>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>6-7</b> , 19 <b>56</b> , to <b>6-10</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6-10-56</b> , 19 <b>56</b> , and that death occurred at <b>2:30 PM</b> , from the causes and on the date stated above.			
SIGNATURE <b>Loretta Clayton Antler</b>		DATE SIGNED <b>6-11-56</b>	
ADDRESS (Street, city, town, state) <b>Dames Quarter, Maryland</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>June 13, 1956</b>	
NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>		LOCATION (City, town, or county) <b>Baltimore Md.</b>	
24. REC'D BY REGISTRAR <b>R. F. Johnson M.D. gr</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Levin R Wilson Prince</b>	
DATE <b>6/12/56</b>		ADDRESS	



# 6253 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 10

Birth Date 1900

At the residence of the deceased

325 East 2nd Street

Baltimore, Md.

June 10 1956

78

Widowed May 10, 1950

W.B.A.

Robert G. Gandy

Robert G. Gandy

Miss J. Bennett

10

BUREAU V. 5

JUN 14 1956

RECEIVED

June 13, 1956 London Park

June 13, 1956

EXHIBITION

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 6561 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06546

Reg. Dist. No. 265

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Somerset</u> <span style="float: right;">MARYLAND</span> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> c. LENGTH OF STAY IN 1b <u>5 minutes</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Kansas City</u> <span style="float: right;">627-3</span> d. STREET ADDRESS <u>215 W. 82nd Terrace</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
<b>3. NAME OF DECEASED</b> (Type or print) First <u>ARTHUR</u> Middle <u>WESLEY</u> Last <u>McEOWN</u>				<b>4. DATE OF DEATH</b> Month <u>June</u> Day <u>25</u> Year <u>1956</u>					
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED</b> <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>36</u> <u>Jan. 19, 1956</u>		<b>9. AGE</b> (In years last birthday) <u>20</u> yrs. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Engineman 37C</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>U.S. Coast Guard</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Peculiar, Missouri</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13. FATHER'S NAME</b> <u>Beuford E. McEown</u>					<b>14. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>				
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1955-56</u>			<b>16. SOCIAL SECURITY NO.</b> <u>2955-56</u>		<b>17. INFORMANT</b> <u>U.S. Coast Guard---Crisfield, Maryland</u>				
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest</u> DUE TO (b) <u>Broken Neck</u> (c) <u>Hemmoraging</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>25 minutes</u> " "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Compound communitated fracture femur--fractured ribs--fracture of scapula</u>								<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>20a. EXTERNAL CAUSE WAS PRIMARY</b> <input type="checkbox"/> <b>OR CONTRIBUTING</b> <input checked="" type="checkbox"/> <b>CAUSE OF DEATH.</b>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <u>Injuries sustained as result of automobile accident</u>						
<b>20c. TIME OF INJURY</b> Month, Day, Year <u>10:04</u> <u>June 25</u> <u>1956</u> Hour <u>10:04</u> p. m.			<b>20d. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.) <u>Md. Rt. # 413</u>		<b>20f. (City or town)</b> <u>near Crisfield, Maryland</u> (County) _____ (State) _____		
<b>21. I certify that I took charge of the remains described above, held an Autopsy</b> <input type="checkbox"/> <b>Inspection</b> <input checked="" type="checkbox"/> <b>Inquiry</b> <input checked="" type="checkbox"/> <b>and find that death resulted from:</b> Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>									
<b>ACTUAL SIGNATURE</b> <u>William H. Coulbourn M.D.</u>					<b>CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/> <b>ASSISTANT MEDICAL EXAMINER</b> <input type="checkbox"/> <b>DEPUTY MEDICAL EXAMINER</b> <input checked="" type="checkbox"/>				
<b>EXAMINER'S NAME (Type)</b> <u>Dr. William H. Coulbourn</u>					<b>DATE SIGNED</b> <u>June 28, 1956</u>				
<b>22a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>			<b>22b. DATE THEREOF</b> <u>July 1, 1956</u>		<b>22c. NAME OF CEMETERY OR CREMATORY</b> _____			<b>22d. LOCATION (City, town, or county)</b> <u>Kansas City, Missouri</u> (State) _____	
<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Bradshaw &amp; Sons=Crisfield, Maryland</u>					<b>24a. REC'D BY REGISTRAR</b> <u>DATE 6/29/56</u>		<b>24b. REGISTRAR'S SIGNATURE</b> <u>Barton S. Adams</u>		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

RECEIVED

MIL 3 1956

BUREAU V. 2

Form with multiple sections and fields, including a large circular stamp in the center. The text is mostly illegible due to the quality of the scan and the orientation of the document.

DEPARTMENT OF HEALTH - BALTIMORE 18  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6563

## CERTIFICATE OF DEATH

Reg. Dist. No. 365

66548

1. PLACE OF DEATH o. COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		c. LENGTH OF STAY IN 1b <u>Lifetime</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>McCready Hospital</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>HENRY</u> Last <u>ROWE</u>		4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 10, 1956</u>
9. AGE (In years last birthday) <u>0</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>1</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Crisfield, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>Michael Rowe</u>		14. MOTHER'S MAIDEN NAME <u>Myrtle Lee Mister</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Michael Rowe--R.F.D. Lawsonia-Crisfield, Md.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> <u>776X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. <u>11</u> p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) _____ (County) _____ (State) _____	
21. I certify that I attended the deceased from <u>June 10, 1956</u> , to <u>June 11, 1956</u> , that I last saw the deceased alive on <u>June 11, 1956</u> , and that death occurred at <u>8</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED <u>6/11/56</u> ACTUAL SIGNATURE <u>Sarah M. Peyton</u> M.D. _____ PHYSICIAN'S NAME (Type) <u>Sarah M. Peyton</u> <u>Main St.-Crisfield, Md.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>June 11, 1956</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Bradshaw &amp; Sons--Crisfield, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>June 11, 1956</u>	
24b. REGISTRAR'S SIGNATURE <u>Barkner S. Adams</u>			





1

## INSTRUCTIONS

**TO ATTEND PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 4, Film G199 7-3-56 et

## CERTIFICATE OF DEATH

06549

Reg. Dist. No. 268

6564

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <i>Somerset</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Wicomico</i>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chance</i>	LENGTH OF STAY (in this place) <i>2 wks</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Nantuxo</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <i>Albert F. Smith Jr.</i>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>June 22, 1956</i>	
<b>5. SEX</b> <i>M</i>	<b>6. COLOR OR RACE</b> <i>C</i>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <i>married</i>	<b>8. DATE OF BIRTH</b> <i>3-10-1897</i>
<b>9. AGE last birthday</b> <i>59</i> yrs.		<b>10. IF UNDER 1 YEAR</b> (Months) (Days) (Hours) (Min.) <i>3 13</i>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Wagoner</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>Department</i>	
<b>11. BIRTHPLACE</b> (State or foreign country) <i>Nantuxo, Md.</i>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>U.S.</i>	
<b>13. FATHER'S NAME</b> <i>Vanhook</i>		<b>14. MOTHER'S MAIDEN NAME</b> <i>Vanhook</i>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service) <i>no</i>		<b>16. SOCIAL SECURITY NO.</b> <i>217-14-8226</i>	
<b>17. INFORMANT &amp; ADDRESS</b> <i>Albert Smith, Chance, Md.</i>			
<b>18. MEDICAL CERTIFICATION</b>			
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>331X IMMEDIATE CAUSE (A)</b> <i>Cerebral Vascular Accident (Cerebral thrombosis)</i>			<i>minutes</i>
<b>ANTECEDENT CAUSE(S) DUE TO</b>			
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b> (B) <i>Generalized arteriosclerosis</i>			<i>years</i>
(C)			
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b> <i>Arteriosclerotic Heart disease</i>			<i>years</i>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>	
<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>			
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)</b>		<b>21e. INJURY OCCURRED While at work Not while at work</b>	
<b>22. I hereby certify that I attended the deceased from <i>6-20-56</i>, 19<i>56</i>, to <i>6-22-56</i> 19<i>56</i>, that I last saw the deceased alive on <i>6-22-56</i>, 19<i>56</i>, and that death occurred at <i>1:45 P.M.</i> from the causes and on the date stated above.</b>			
<b>SIGNATURE</b> <i>Everett Clayton Sutter</i>		<b>ADDRESS (Street, city, town, state)</b> <i>Dames Quarter, Maryland</i>	
<b>DATE THEREOF</b> <i>6/24/56</i>		<b>DATE SIGNED</b> <i>6-22-56</i>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <i>Buried</i>		<b>NAME OF CEMETERY OR CREMATORY</b> <i>Nantuxo Cem.</i>	
<b>24. REC'D BY REGISTRAR</b> <i>Lola Wheatley</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>C. D. Sutter</i>	
<b>DATE</b> <i>JUN 28 1956</i>		<b>LOCATION (City, town, or county) (State)</b> <i>Nantuxo, Md.</i>	

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. USUAL RESIDENCE OF DECEASED

DATE

MARYLAND

TIME

PLACE

CAUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

BUREAU V. E.

JUN 28 1956

RECEIVED

Handwritten signature or initials

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06550

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> <b>MARYLAND</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>		c. LENGTH OF STAY IN 1b <b>Lifetime</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Chesapeake Ave., Ext.</b>		d. STREET ADDRESS <b>Chesapeake Ave., Ext.</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>FLETCHER</b> Last <b>STERLING</b>		4. DATE OF DEATH Month <b>June</b> Day <b>24</b> Year <b>1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 23, 1875</b>
9. AGE (In years lost birthday) <b>81</b> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seafood Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Crab and Oyster</b>	
11. BIRTHPLACE (State or foreign country) <b>Crisfield, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Mahlon Sterling</b>		14. MOTHER'S MAIDEN NAME <b>Esther Sterling</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Cornelia B. Sterling--Crisfield, Md.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia Acute Dil. of Heart</b> <b>442X</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <b>Chronic Myocarditis, Chronic Int. Nephritis</b> Years. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. n. p. m. <b>19</b>		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>Jan. 1956</b> , to <b>June 24, 1956</b> , that I last saw the deceased alive on <b>June 24, 1956</b> , and that death occurred at <b>7:00 A.M.</b> from the causes and on the date stated above. <b>George C. Coulbourn</b> ADDRESS (Street, city or town, state) <b>Marion Station, Md.</b> DATE SIGNED <b>6-26-56</b> ACTUAL SIGNATURE M.D. PHYSICIAN'S NAME (Type) <b>Dr. George C. Coulbourn</b> <b>Marion Station, Md.</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>June 26, 1956</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Mariners Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons--Crisfield, Maryland</b>		24a. REC'D BY REGISTRAR <b>6-26-56</b>	
24b. REGISTRAR'S SIGNATURE <b>Tellie E. Payne</b>			

BUREAU V. S.

JUN 29 1956

RECEIVED